

**Bureau of
Developmental
Disabilities Services**

**Service Definitions and
Standards Manual**

Effective 5/1/2013

Introduction

The Bureau of Developmental Disabilities Services (BDDS) purchases services from entities that have been approved by the Division of Disability and Rehabilitative Services (DDRS) Provider Relations program area. This document lists the definitions for those services currently approved for reimbursement through the State Line Item program.

The criteria established by these service definitions and in 460 IAC are in addition to the criteria established by any appropriate accreditation entities.

BDDS' expectations of service providers

Services and supports for individuals shall be based on an individualized Person Centered Planning (PCP) process that considers the individual's long term and short term interests and needs which must be reflected in the Individualized Support Plan (ISP). The DDRS shall conduct follow-up reviews and request written reports in order to monitor provider's service delivery. Part of this process shall include comparing expected outcomes detailed in the Individualized Support Plan with actual results.

Services and supports for individuals shall be integrated into the community, occurring in the most integrated setting possible to increase the individual's personal autonomy, independence, and integration.

Services and supports shall be provided in compliance with 460 IAC, all DDRS and BDDS Policy and Procedures, BDDS Guidelines for Expenses and Costs, and the BDDS Service Definitions. Service Providers must remain in compliance with these definitions and 460 IAC, and must be approved for the particular service or support before implementing a specific service or support.

Requirements applicable to all State Line Item (SLI) funded services and supports:

- Criteria for SLI funded supports and services shall be in compliance with,
 - 460 IAC, and
 - All DDRS and BDDS SLI Policies, and
 - The current BDDS Service Definitions, and
 - The DDRS Provider and Case Management Standards, and
 - Any criteria established by accreditation entities
- Before implementing a specific service or support, all entities must
 - be approved by the DDRS
 - for the SLI program, and
 - for the particular service or support, and
 - be the provider recorded on the verified personalized SLI budget, or an approved subcontractor of the recorded provider
- SLI funded supports and services can only be approved for a person who meets the qualifications for the SLI Program as described in Eligibility Determination for Developmental Disabilities Services Policy
- SLI funded supports and services cannot be used to augment or add units to services authorized on a Medicaid waiver cost comparison budget (CCB)
- SLI funded supports and services cannot be used to supplement or circumvent services authorized or funded through Medicaid or the Medicaid Waiver.

- Providers may not *bill* for reimbursement during the time when a person is admitted to a hospital.
 - Any care and support of a person who is admitted to a hospital is a non-billable activity.
- All documentation must be retained according to the
 - BDDS Service Definitions, and
 - BDDS Provider Standards, and
 - All DDRS and BDDS SLI Policies, and
 - Indiana Administrative Code, and
 - Rules established by any relevant accreditation entity
- All documentation may be requested for review by DDRS at any time.
 - The documentation detail should provide an audit trail that begins with the ISP and culminates with the claim and warrant for services rendered and costs incurred

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**Bureau of Developmental Disabilities Services State Line Item Service Rates
Effective May 1, 2013**

Service Description	SLI Rate	Unit Size	Available on Budget Types
Caregiver Support Services	\$ 16.00	1.00 Hour	Caregiver Supports
Community-Based Sheltered Work	\$ 5.67	1.00 Hour	Day Service Nursing Facility Day Service
Group Habilitation	\$ 5.34	1.00 Hour	Day Service Nursing Facility Day Service
Group Occupational Therapy	\$ 5.04	0.25 Hour	Day Service
Group Physical Therapy	\$ 5.87	0.25 Hour	Day Service
Group Speech Therapy	\$ 4.24	0.25 Hour	Day Service
Individual Habilitation	\$ 28.82	1.00 Hour	Day Service Nursing Facility Day Service
Individual Occupational Therapy	\$ 20.13	0.25 Hour	Day Service
Individual Physical Therapy	\$ 23.49	0.25 Hour	Day Service
Individual Speech Therapy	\$ 16.97	0.25 Hour	Day Service
OBRA Prevoc Large Group (ratio may not exceed 16:1)	\$ 3.00	1.00 Hour	Nursing Facility Day Service
OBRA Prevoc Medium Group (ratio may not exceed 10:1)	\$ 4.72	1.00 Hour	Nursing Facility Day Service
OBRA Prevoc Small Group (ratio may not exceed 4:1)	\$ 8.48	1.00 Hour	Nursing Facility Day Service
Residential Living Allowance Services	See Policy	See Policy	RLA
Sheltered Work	\$ 2.75	1.00 Hour	Day Service Nursing Facility Day Service
Supported Employment Follow-Along	\$ 36.95	1.00 Hour	Day Service Nursing Facility Day Service
Transportation	\$ 8.91	1 Round Trip	Day Service

Caregiver Support Services

Service Definition

Caregiver Support means temporary assistance provided to families caring for eligible persons with intellectual and developmental disabilities who are residing with the family or legal guardian.

Caregiver Supports are short-term relief period for the primary caregiver. These supports can be provided in the primary caregiver's and person's home or a non-private residential setting

Caregiver Support services are furnished on a short-term hourly basis. The service is designed to provide the temporary relief of the primary caregiver to the greatest number of eligible families within the available funds. The eligible person cannot also be receiving services through any other funded programs, including but not limited to:

- BDDS State Line Funding Services,
- Medicaid Waiver Services,
- Vocational Rehabilitation Services,
- Department of Children Services,
- CHOICE
- First Steps
- Division of Mental Health and Addictions
- Residential services through the Department of Education

Limited program funding is made available for Caregiver Support (CGS) Services on an annual basis, every State Fiscal Year. These funds will be available on a first come, first serve basis and the determination of funds for each person is based on the number of eligible persons in the family's residence. The primary caregiver must complete the application at the beginning of each fiscal year at the local BDDS District office.

The primary caregiver has the responsibility to use the limited hours as needed. The short term relief can be for a few hours to a weekend stay; staff cannot sleep while on duty and may work no more than 12 consecutive hours per day.

Reimbursable Activities

- Assistance with toileting and feeding
- Assistance with daily living skills, including assistance with accessing the community and community activities
- Assistance with grooming and personal hygiene
- Meal preparation, serving and cleanup

- Administration of medications
- Supervision
- Individual services
- Group services (Unit rate divided by number of persons served)

Documentation Standards

Service Notes: A service note can include multiple discrete services as long as discrete services are clearly identified. A service note must include:

- Person name
- SSN
- Date of Service
- Provider rendering service
- Primary location of services rendered
- An activity summary for each block of time this service is rendered must exist and must include: duration, service, a brief description of activities, significant medical or behavioral incidents requiring intervention, or any other situation that is uncommon for the person. A staff signature must be present for each block of time claimed on a service note. A new entry is not required unless a different discrete service is provided (i.e. one continuous note may exist even if the ratio changes)
- For Group Services upon request, the provider must be able to verify the following in a concise format the ratio for each claimed time frame of service did not exceed the maximum allowable ratio regardless of the funding stream.
- Electronic signatures are acceptable if the provider has a log on file showing the staff member's electronic signature, actual signature and printed name

Limitations

Activities Not Allowed

- Reimbursement for room and board
- Services provided to a person living in a licensed facility-based setting
- The cost of registration fees or the cost of recreational activities (for example, camp)

- When the service of Adult Foster Care or Children’s Foster Care is being furnished to the person
- Other family members (such as siblings of the person) may not receive care or supervision from the provider while Respite care is being provided/billed for the person(s)
- Caregiver Support shall not be used as day/child care
- Caregiver Support is not intended to be provided on a continuous, long-term basis as part of daily services that would enable the unpaid caregiver to go to work or to attend school
- Caregiver Support shall not be used to provide service to a person while the person is attending school
- Caregiver Support may not be used to replace skilled nursing services that should be provided under the Medicaid State Plan
- Caregiver Support shall not be provided to a minor by a parent(s), step-parent(s), or legal guardian
- Caregiver Support shall not be provided to a person by the person’s spouse

Community-Based Sheltered Work

Service Definition

Community-Based Sheltered Work (pursuant to 460 IAC 3.5-2-1) has the same meaning as Community-Based Sheltered Employment Services (pursuant to 460 IAC 6-3-11): an agency-operated, work-oriented service consisting of ongoing supervision of an individual while the individual is working.

Eligible Individuals

To be eligible to receive this service, an individual must:

1. Be determined eligible for developmental disabilities services by a BDDS employee pursuant to IC 12-11-2.1-1; and
2. Have the service authorized in the individual’s Individualized Support Plan (ISP).
3. If the individual is a resident of a licensed nursing facility, he or she must:
 - A. Be approved for long-term care admission; and
 - B. Require specialized services for a developmental disability.

An eligible individual cannot receive BDDS State Line Item funding for this service if he or she is eligible to receive similar services from other funding sources, including but not limited to:

1. Medicaid State Plan;
2. Home and Community Based Medicaid Waiver;
3. Vocational Rehabilitation Services;
4. Department of Children Services;

5. First Steps;
6. Division of Mental Health and Addictions; or
7. Department of Education.

Staffing Requirements

Community-Based Sheltered Employment services shall be provided with a staff ratio that does not exceed eight (8) individuals to one (1) staff member.

Reimbursable Activities

- Adaptations, training, supervision and support activities required by the person and needed to sustain paid employment or other occupational activity
- One short break period (up to 15 minutes) for each four (4) hour period of work.

Documentation Standards

In addition to compliance with documentation requirements outlined in 460 IAC 6, the following data elements are required for each service rendered:

- Monitoring of Sheltered Employment Services provision will be performed at a minimum every 3 months using the Pre-voc Sheltered Calculator tool administered by the state or their designee. The objectives of monitoring include assessment of the individual's progress toward achieving the outcomes identified on the individual's ISP related to employment and to verify the continued need for Sheltered Employment Services.
- Name of individual served
- SSN of the individual
- Name of provider
- Service rendered
- Time frame of service (include a.m. or p.m.)
- Date of service including the year
- Notation of the primary location of service delivery
- A brief activity summary of service rendered
- Description* by direct care staff of an issue or circumstance concerning the individual including, but not limited to, significant medical or behavioral incidents or any other situation that may be uncommon for the individual
- Signature that includes at least the last name and first initial of the direct care staff person making the entry. Electronic signatures are permissible when in compliance with The Uniform Electronic Transactions Act (IC 26-2-8).

- Upon request, all data elements must be made available to auditors, quality monitors, case managers, and any other government entity.
- Monthly reporting summaries are required

*The data may reside in multiple locations but must be clearly and easily linked to the individual or the standard will not be met.

Activities Not Allowed

- Meal times
- Transportation Services
- Ancillary services
- Services rendered when:
 - The individual to staff ratio exceeds 8 individuals to 1 staff
 - The services were not provided directly to the individual
 - The setting is not an integrated community setting
 - The setting is owned or leased by the provider

Provider Qualifications

To be approved by DDRS/BDDS, an applicant shall meet the following requirements:

1. Be an entity, meaning any of the following:
 - A. An association.
 - B. A corporation.
 - C. A limited liability company.
 - D. A governmental entity.
 - E. A partnership.
2. Be accredited by one of the following organizations:
 - A. The Commission on Accreditation of Rehabilitation Facilities (CARF) or its successor.
 - B. The Council on Quality and Leadership in Supports for People with Disabilities (CQL) or its successor.
 - C. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or its successor.
 - D. The ISO-9001 Quality Management System.
 - E. The Council on Accreditation (COA) or its successor.
 - F. An independent national accreditation organization approved by the Secretary of FSSA.
3. Be a not-for profit entity.
4. Certify that, if approved, the entity will provide Community-Based Sheltered Employment Services using only persons who meet the qualifications set out in 460 IAC 6-14-5.
5. Not be a community mental health center.
6. Certify that, if approved, the entity will provide Community-Based Sheltered Employment Services using only persons who meet the qualifications set out in 460 IAC 6-14-5.

Group Habilitation

Service Definition

Group Habilitation (pursuant to 460 IAC 3.5-2-1) has the same meaning as Community Habilitation and Participation Services (pursuant to 460 IAC 6-3-13): services outside of an individual's home that support learning and assistance in any of the following areas:

1. Self-care.
2. Sensory-motor development.
3. Socialization.
4. Daily living skills.
5. Communication.
6. Community living.
7. Social skills.

Eligible Individuals

To be eligible to receive this service, an individual must:

1. Be determined eligible for developmental disabilities services by a BDDS employee pursuant to IC 12-11-2.1-1; and
2. Have the service authorized in the individual's Individualized Support Plan (ISP).
3. If the individual is a resident of a licensed nursing facility, he or she must:
 - A. Be approved for long-term care admission; and
 - B. Require specialized services for a developmental disability.

An eligible individual cannot receive BDDS State Line Item funding for this service if he or she is eligible to receive similar services from other funding sources, including but not limited to:

1. Medicaid State Plan;
2. Home and Community Based Medicaid Waiver;
3. Vocational Rehabilitation Services;
4. Department of Children Services;
5. First Steps;
6. Division of Mental Health and Addictions; or
7. Department of Education.

Staffing Requirements

Group Habilitation services may be provided in a Community-Based setting or in a Facility-Based setting.

- A Community-Based setting means an integrated setting outside the individual's home in which at least fifty-one percent (51%) of the persons in the setting do not have a disability, except for the persons providing services.
- A Facility-Based setting means a facility setting outside the individual's home that is operated by the approved service provider and is not an intermediate care facility for individuals with intellectual disability (ICF/ID) or a nursing facility.

- Group Habilitation services shall be provided with:
 - A staff ratio that does not exceed ten (10) individuals to one (1) staff member for Community-Based settings; or
 - A staff ratio that does not exceed sixteen (16) individuals to one (1) staff member for Facility-Based settings.

Reimbursable Activities

Monitoring, training, education, demonstration, or support to assist with the acquisition and retention of skills in the following areas:

- Leisure activities
- Educational activities
- Hobbies
- Unpaid work experiences (i.e. volunteer opportunities)
- Maintaining contact with family and friends

Training and education in self direction designed to help individuals achieve one or more of the following outcomes:

- Develop self advocacy skills
- Exercise civil rights
- Acquire skills that enable the ability to exercise self control and responsibility over services and supports received or needed
- Acquire skills that enable the individual to become more independent, integrated or productive in the community

Documentation Standards

In addition to compliance with documentation requirements outlined in 460 IAC 6, the following data elements are required for each service rendered:

- Name of individual served
- SSN of the individual
- Name of provider
- Service rendered
- Time frame of service (include a.m. or p.m.)

- Date of service including the year
- Notation of the primary location of service delivery
- A brief activity summary of service rendered
- Description* by direct care staff of an issue or circumstance concerning the individual including, but not limited to, significant medical or behavioral incidents or any other situation that may be uncommon for the individual
- Signature that includes at least the last name and first initial of the direct care staff person making the entry.
- Electronic signatures are permissible when in compliance with the Uniform Electronic Transactions Act (IC 26-2-8).
- Upon request, all data elements must be made available to auditors, quality monitors, case managers, and any other government entity.
- Monthly reporting summaries are required

*The data may reside in multiple locations but must be clearly and easily linked to the individual or the standard will not be met.

Limitations

Habilitation services reimbursement does not include reimbursement for the cost of the activities in which the individual is participating when receiving skills training, such as the cost to attend a community event.

Activities Not Allowed

- Skills training for any activity that is not identified as directly related to an individual habilitation outcome.
- Activities that do not foster the acquisition and retention of skills.
- Services furnished to a minor by parent(s), step parents(s) or legal guardian.
- Services furnished to an individual by the individual's spouse.

Provider Qualifications

To be approved by DDRS/BDDS, an applicant shall meet the following requirements:

1. Be an entity, meaning any of the following:
 - A. An association.

- B. A corporation.
- C. A limited liability company.
- D. A governmental entity.
- E. A partnership.
- 2. Be accredited by one of the following organizations:
 - A. The Commission on Accreditation of Rehabilitation Facilities (CARF) or its successor.
 - B. The Council on Quality and Leadership in Supports for People with Disabilities (CQL) or its successor.
 - C. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or its successor.
 - D. The ISO-9001 Quality Management System.
 - E. The Council on Accreditation (COA) or its successor.
 - F. An independent national accreditation organization approved by the Secretary of FSSA.
- 3. Certify that, if approved, the entity will provide Community Habilitation and Support Services using only persons who meet the qualifications set out in 460 IAC 6-14-5.

Individual Habilitation

Service Definition

Individual Habilitation (pursuant to 460 IAC 3.5-2-1) has the same meaning as Community Habilitation and Participation Services (pursuant to 460 IAC 6-3-13): services outside of an individual's home that support learning and assistance in any of the following areas:

- 1. Self-care.
- 2. Sensory-motor development.
- 3. Socialization.
- 4. Daily living skills.
- 5. Communication.
- 6. Community living.
- 7. Social skills.

Eligible Individuals

To be eligible to receive this service, an individual must:

- 1. Be determined eligible for developmental disabilities services by a BDDS employee pursuant to IC 12-11-2.1-1; and
- 2. Have the service authorized in the individual's Individualized Support Plan (ISP).
- 3. If the individual is a resident of a licensed nursing facility, he or she must:
 - A. Be approved for long-term care admission; and
 - B. Require specialized services for a developmental disability.

An eligible individual cannot receive BDDS State Line Item funding for this service if he or she is eligible to receive similar services from other funding sources, including but not limited to:

- 1. Medicaid State Plan;
- 2. Home and Community Based Medicaid Waiver;

3. Vocational Rehabilitation Services;
4. Department of Children Services;
5. First Steps;
6. Division of Mental Health and Addictions; or
7. Department of Education.

Staffing Requirements

Individual Habilitation services may be provided in a Community-Based setting or in a Facility-Based setting.

- A Community-Based setting means an integrated setting outside the individual's home in which at least fifty-one percent (51%) of the persons in the setting do not have a disability, except for the persons providing services.
- A Facility-Based setting means a facility setting outside the individual's home that is operated by the approved service provider and is not an intermediate care facility for individuals with intellectual disability (ICF/ID) or a nursing facility.

Reimbursable Activities

Monitoring, training, education, demonstration, or support to assist with the acquisition and retention of skills in the following areas:

- Leisure activities and community/public events (i.e. integrated camp settings)
- Educational activities
- Hobbies
- Unpaid work experiences (i.e. volunteer opportunities)
- Maintaining contact with family and friends

Training and education in self direction designed to help participants achieve one or more of the following outcomes:

- Develop self advocacy skills
- Exercise civil rights
- Acquire skills that enable the ability to exercise self control and responsibility over services and supports received or needed
- Acquire skills that enable the individual to become more independent, integrated or productive in the community

Documentation Standards

In addition to compliance with documentation requirements outlined in 460 IAC 6, the following data elements are required for each service rendered:

- Name of individual served
- SSN of the individual
- Name of provider
- Service rendered
- Time frame of service (include a.m. or p.m.)
- Date of service including the year
- Notation of the primary location of service delivery
- A brief activity summary of service rendered
- Description* by direct care staff of an issue or circumstance concerning the individual including, but not limited to, significant medical or behavioral incidents or any other situation that may be uncommon for the individual
- Signature that includes at least the last name and first initial of the direct care staff person making the entry.
- Electronic signatures are permissible when in compliance with The Uniform Electronic Transactions Act (IC 26-2-8).
- Upon request, all data elements must be made available to auditors, quality monitors, case managers, and any other government entity.
- Monthly reporting summaries are required

*The data may reside in multiple locations but must be clearly and easily linked to the individual or the standard will not be met.

Limitations

Habilitation services reimbursement does not include reimbursement for the cost of the activities in which the individual is participating when receiving skills training, such as the cost to attend a community event.

Activities Not Allowed

- Skills training for any activity that is not identified as directly related to an individual habilitation outcome
- Activities that do not foster the acquisition and retention of skills.
- Services furnished to a minor by parent(s), step parents(s) or legal guardian.
- Services furnished to an individual by the individual's spouse.

Provider Qualifications

To be approved by DDRS/BDDS, an applicant shall meet the following requirements:

1. Be an entity, meaning any of the following:
 - A. An association.
 - B. A corporation.
 - C. A limited liability company.
 - D. A governmental entity.
 - E. A partnership.
2. Be accredited by one of the following organizations:
 - A. The Commission on Accreditation of Rehabilitation Facilities (CARF) or its successor.
 - B. The Council on Quality and Leadership in Supports for People with Disabilities (CQL) or its successor.
 - C. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or its successor.
 - D. The ISO-9001 Quality Management System.
 - E. The Council on Accreditation (COA) or its successor.
 - F. An independent national accreditation organization approved by the Secretary of FSSA.
3. Certify that, if approved, the entity will provide Community Habilitation and Support Services using only persons who meet the qualifications set out in 460 IAC 6-14-5.

OBRA Pre-vocational Services

Service Definition

OBRA Pre-vocational Services has the same meaning as Prevocational Services (pursuant to 460 IAC 6-3-41): services aimed at preparing an individual for paid or unpaid employment, by teaching such concepts as compliance, attendance, task completion, problem solving, and safety.

Eligible Individuals

To be eligible to receive this service, an individual must:

1. Be determined eligible for developmental disabilities services by a BDDS employee pursuant to IC 12-11-2.1-1;

2. Have the service authorized in the individual's Individualized Support Plan (ISP); and
3. Be a resident of a licensed nursing facility with:
 - A. Approval for long-term care admission; and
 - B. Require specialized services for a developmental disability.

An eligible individual cannot receive BDDS State Line Item funding for this service if he or she is eligible to receive similar services from other funding sources, including but not limited to:

1. Medicaid State Plan;
2. Home and Community Based Medicaid Waiver;
3. Vocational Rehabilitation Services;
4. Department of Children Services;
5. First Steps;
6. Division of Mental Health and Addictions; or
7. Department of Education.

Staffing Requirements

OBRA Pre-vocational Services shall be provided with a staff ratio that does not exceed the following group sizes:

- Small Group: up to four (4) individuals to one (1) staff member.
- Medium Group: at least five (5) individuals but no more than ten (10) individuals to one (1) staff member.
- Large Group: at least eleven (11) individuals but no more than sixteen (16) individuals to one (1) staff member.

Reimbursable Activities

Monitoring, training, education, demonstration, or support provided to assist with the acquisition and retention of skills in the following areas:

- Paid and unpaid training compensated less than 50% federal minimum wage
- Generalized and transferrable employment skills acquisition

These activities may be provided using off-site enclave or mobile community work crew models. Participants may also utilize Supported Employment Follow-Along (SEFA) in conjunction with Pre-Vocational Services

Service Standards

- All Pre-Vocational Services will be reflected in the individual's plan of care as directed to habilitative, rather than explicit employment objectives
- Individual is not expected to be able to join the general workforce or participate in sheltered employment within one year (excluding Supported Employment)

Documentation Standards

In addition to compliance with documentation requirements outlined in 460 IAC 6, the following data elements are required for each service rendered:

- Name of individual served
- SSN of the individual
- Name of provider
- Service rendered
- Time frame of service (include a.m. or p.m.)
- Date of service including the year
- Notation of the primary location of service delivery
- A brief activity summary of service rendered
- Description* by direct care staff of an issue or circumstance concerning the individual including, but not limited to, significant medical or behavioral incidents or any other situation that may be uncommon for the individual
- Signature that includes at least the last name and first initial of the direct care staff person making the entry. Electronic signatures are permissible when in compliance with The Uniform Electronic Transactions Act (IC 26-2-8)
- Upon request, all data elements must be made available to auditors, quality monitors, case managers, and any other government entity.

*The data may reside in multiple locations but must be clearly and easily linked to the individual or the standard will not be met.

Activities Not Allowed

- Activities that do not foster the acquisition and retention of skills
- Services in which compensation is greater than 50% federal minimum wage
- Activities directed at teaching specific job skills
- Sheltered employment, facility or community based
- Services furnished to a minor by parent(s) or stepparents(s) or legal guardian

Provider Qualifications

To be approved by DDRS/BDDS, an applicant shall meet the following requirements:

1. Be an entity, meaning any of the following:
 - A. An association.
 - B. A corporation.
 - C. A limited liability company.
 - D. A governmental entity.
 - E. A partnership.
2. Be accredited by one of the following organizations:
 - A. The Commission on Accreditation of Rehabilitation Facilities (CARF) or its successor.
 - B. The Council on Quality and Leadership in Supports for People with Disabilities (CQL) or its successor.
 - C. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or its successor.
 - D. The ISO-9001 Quality Management System.
 - E. The Council on Accreditation (COA) or its successor.
 - F. An independent national accreditation organization approved by the Secretary of FSSA.
3. Certify that, if approved, the entity will provide Prevocational Services using only persons who meet the qualifications set out in 460 IAC 6-14-5.

Occupational Therapy

Service Definition

Group Occupational Therapy and Individual Occupational Therapy (pursuant to 460 IAC 3.5-2-1) have the same meaning as Occupational Therapy Services (pursuant to 460 IAC 6-3-38): services provided under this article by a licensed Occupational Therapist.

Eligible Individuals

To be eligible to receive this service, an individual must:

1. Be determined eligible for developmental disabilities services by a BDDS employee pursuant to IC 12-11-2.1-1; and
2. Have the service authorized in the individual's Individualized Support Plan (ISP).

An eligible individual cannot receive BDDS State Line Item funding for this service if he or she is eligible to receive similar services from other funding sources, including but not limited to:

1. Medicaid State Plan;
2. Home and Community Based Medicaid Waiver;
3. Vocational Rehabilitation Services;
4. Department of Children Services;
5. First Steps;
6. Division of Mental Health and Addictions; or
7. Department of Education.

If the individual is a Medicaid recipient, a Medicaid State Plan prior authorization must be accurately submitted and denied before BDDS funding may be requested for this service.

Staffing Requirements

Occupational Therapy services may be provided in Individual sessions or in Group sessions.

Activities Allowed

Occupational Therapy services may include:

- Evaluation and training services in the areas of gross and fine motor function, self-care and sensory and perceptual motor function
- Screening
- Assessments
- Planning and reporting
- Direct therapeutic intervention
- Design, fabrication, training and assistance with adaptive aids and devices
- Consultation or demonstration of techniques with other service providers and family members
- Participating on the interdisciplinary team, when appropriate, for the development of the plan

Provider Qualifications

To be approved by DDRS/BDDS, an applicant shall meet the following requirements:

1. Be a natural person; or
2. Be an entity, meaning any of the following:
 - A. An association.
 - B. A corporation.
 - C. A limited liability company.
 - D. A governmental entity.
 - E. A partnership.
3. To be approved to provide Occupational Therapy Services as an Occupational Therapist, an applicant shall be an Occupational Therapist certified under IC 25-23.5.
4. To be approved to provide Occupational Therapy Services as an Occupational Therapy Assistant, an applicant shall be certified under IC 25-23.5-5.
5. For an entity to be approved to provide Occupational Therapy Services, the entity shall certify that, if approved, the entity will provide Occupational Therapy Services using only persons who meet the qualifications set out in this section.

6. Any Occupational Therapy Assistant assisting in the delivery of Occupational Therapy Services to an individual shall do so under the direct supervision of an Occupational Therapist approved under this article.

Physical Therapy

Service Definition

Group Physical Therapy and Individual Physical Therapy (pursuant to 460 IAC 3.5-2-1) have the same meaning as Physical Therapy Services (pursuant to 460 IAC 6-3-40): services provided under this article by a licensed Physical Therapist.

Eligible Individuals

To be eligible to receive this service, an individual must:

1. Be determined eligible for developmental disabilities services by a BDDS employee pursuant to IC 12-11-2.1-1; and
2. Have the service authorized in the individual's Individualized Support Plan (ISP).

An eligible individual cannot receive BDDS State Line Item funding for this service if he or she is eligible to receive similar services from other funding sources, including but not limited to:

1. Medicaid State Plan;
2. Home and Community Based Medicaid Waiver;
3. Vocational Rehabilitation Services;
4. Department of Children Services;
5. First Steps;
6. Division of Mental Health and Addictions; or
7. Department of Education.

If the individual is a Medicaid recipient, a Medicaid State Plan prior authorization must be accurately submitted and denied before BDDS funding may be requested for this service.

Staffing Requirements

Physical Therapy services may be provided in Individual sessions or in Group sessions.

Activities Allowed

Physical Therapy services may include:

- Screening and assessment

- Treatment and training programs designed to preserve and improve abilities for independent functioning, such as gross and fine motor skills, range of motion, strength, muscle tone, activities of daily living
- Planning and reporting
- Direct therapeutic intervention
- Training and assistance with adaptive aids and devices
- Consultation or demonstration of techniques with other service providers and family members
- Participating on the interdisciplinary team, when appropriate, for the development of the service plan

Provider Qualifications

To be approved by DDRS/BDDS, an applicant shall meet the following requirements:

1. Be a natural person; or
2. Be an entity, meaning any of the following:
 - A. An association.
 - B. A corporation.
 - C. A limited liability company.
 - D. A governmental entity.
 - E. A partnership.
3. To be approved to provide Physical Therapy Services as a Physical Therapist, an applicant shall be a Physical Therapist licensed under IC 25-27-1.
4. To be approved to provide Physical Therapy Services as a Physical Therapist's Assistant, an applicant shall be certified under IC 25-27-1.
5. For an entity to be approved to provide Physical Therapy Services, the entity shall certify that, if approved, the entity will provide Physical Therapy Services using only persons who meet the qualifications set out in this section.

Sheltered Work

Service Definition

Sheltered Work (pursuant to 460 IAC 3.5-2-1) has the same meaning as Facility-Based Sheltered Employment Services (pursuant to 460 IAC 6-3-25): services provided to an individual that implement the individual's training outcomes and in which the individual is provided remuneration or other occupational activity.

Eligible Individuals

To be eligible to receive this service, an individual must:

1. Be determined eligible for developmental disabilities services by a BDDS employee pursuant to IC 12-11-2.1-1; and
2. Have the service authorized in the individual's Individualized Support Plan (ISP).
3. If the individual is a resident of a licensed nursing facility, he or she must:
 - A. Be approved for long-term care admission; and
 - B. Require specialized services for a developmental disability.

An eligible individual cannot receive BDDS State Line Item funding for this service if he or she is eligible to receive similar services from other funding sources, including but not limited to:

1. Medicaid State Plan;
2. Home and Community Based Medicaid Waiver;
3. Vocational Rehabilitation Services;
4. Department of Children Services;
5. First Steps;
6. Division of Mental Health and Addictions; or
7. Department of Education.

Staffing Requirements

Facility-Based Sheltered Employment services shall be provided with a staff ratio that does not exceed twenty (20) individuals to one (1) staff member.

Reimbursable Activities

- Adaptations, training, supervision and support activities required by the individual and needed to sustain paid employment or other vocational activity
- One short break period (up to 15 minutes) for each 4 hour period of work

Documentation Standards

In addition to compliance with documentation requirements outlined in 460 IAC 6, the following data elements are required for each service rendered:

- Monitoring of Sheltered Employment Services provision will be performed at a minimum every 3 months using the Pre-voc Sheltered Calculator tool administered by the state or their designee. The objectives of monitoring include assessment of the individual's progress toward achieving the outcomes identified on the individual's ISP related to employment and to verify the continued need for Sheltered Employment Services.
- Name of individual served

- SSN of the individual
- Name of provider
- Service rendered
- Time frame of service (include a.m. or p.m.)
- Date of service including the year
- Notation of the primary location of service delivery
- A brief activity summary of service rendered
- Description* by direct care staff of an issue or circumstance concerning the individual including, but not limited to, significant medical or behavioral incidents or any other situation that may be uncommon for the individual
- Signature that includes at least the last name and first initial of the direct care staff person making the entry. Electronic signatures are permissible when in compliance with The Uniform Electronic Transactions Act (IC 26-2-8).
- Upon request, all data elements must be made available to auditors, quality monitors, case managers, and any other government entity.
- Monthly reporting summaries are required

*The data may reside in multiple locations but must be clearly and easily linked to the individual or the standard will not be met.

Activities Not Allowed

- Meal times
- Transportation Services
- Ancillary services
- Services rendered when the individual to staff ratio exceeds 20 individuals to 1 staff person
- Services rendered not in a facility setting

Provider Qualifications

To be approved by DDRS/BDDS, an applicant shall meet the following requirements:

1. Be an entity, meaning any of the following:
 - A. An association.
 - B. A corporation.
 - C. A limited liability company.

- D. A governmental entity.
- E. A partnership.
- 2. Be accredited by one of the following organizations:
 - A. The Commission on Accreditation of Rehabilitation Facilities (CARF) or its successor.
 - B. The Council on Quality and Leadership in Supports for People with Disabilities (CQL) or its successor.
 - C. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or its successor.
 - D. The ISO-9001 Quality Management System.
 - E. The Council on Accreditation (COA) or its successor.
 - F. An independent national accreditation organization approved by the Secretary of FSSA.
- 3. Be a not-for profit entity.
- 4. Have sheltered workshop certification from the wage and hour division of the United States Department of Labor.
- 5. Certify that, if approved, the entity will provide services using only persons who meet the qualifications set out in 460 IAC 6-14-5.
- 6. Not be a community mental health center.

Speech Therapy

Service Definition

Group Speech Therapy and Individual Speech Therapy (pursuant to 460 IAC 3.5-2-1) have the same meaning as Speech and Language Therapy Services (pursuant to 460 IAC 6-3-53): means services provided by a licensed Speech Pathologist under this article.

Eligible Individuals

To be eligible to receive this service, an individual must:

- 1. Be determined eligible for developmental disabilities services by a BDDS employee pursuant to IC 12-11-2.1-1; and
- 2. Have the service authorized in the individual's Individualized Support Plan (ISP).

An eligible individual cannot receive BDDS State Line Item funding for this service if he or she is eligible to receive similar services from other funding sources, including but not limited to:

- 1. Medicaid State Plan;
- 2. Home and Community Based Medicaid Waiver;
- 3. Vocational Rehabilitation Services;
- 4. Department of Children Services;
- 5. First Steps;
- 6. Division of Mental Health and Addictions; or
- 7. Department of Education.

If the individual is a Medicaid recipient, a Medicaid State Plan prior authorization must be requested and denied before reimbursement is available through BDDS for this service.

Staffing Requirements

Speech Therapy services may be provided in Individual sessions or in Group sessions.

Activities Allowed

Speech Therapy services that are reimbursable include:

- Screening
- Assessment
- Direct therapeutic intervention and treatment for speech and hearing disabilities such as delayed speech, stuttering, spastic speech, aphasic disorders, injuries, lip reading or signing, or the use of hearing aids
- Evaluation and training services to improve the ability to use verbal or non-verbal communication
- Language stimulation and correction of defects in voice, articulation, rate and rhythm
- Design, fabrication, training and assistance with adaptive aid and devices
- Consultation demonstration of techniques with other service providers and family members

Activities Not Allowed

Reimbursement is not available through individual Speech Therapy services for some services including:

- Time spent in planning, reporting and write-up
- Activities delivered in a nursing facility

Provider Qualifications

To be approved by DDRS/BDDS, an applicant shall meet the following requirements:

1. Be a natural person; or
2. Be an entity, meaning any of the following:
 - A. An association.
 - B. A corporation.
 - C. A limited liability company.

- D. A governmental entity.
- E. A partnership.
- 3. To be approved to provide Speech-Language Therapy Services as a Speech-Language Pathologist, an applicant shall be a Speech-Language Pathologist licensed under IC 25-35.6.
- 4. To be approved to provide Speech-Language Therapy Services as a Speech-Language Pathology Aide, an applicant shall be:
 - A. A Speech-Language Pathology Aide as defined in IC 25-35.6-1-2; and
 - B. Registered pursuant to 880 IAC 1-2.
- 5. For an entity to be approved to provide Speech-Language Therapy Services, the entity shall certify that, if approved, the entity will provide Speech-Language Therapy Services using only persons who meet the qualifications set out in this section.
- 6. Any Speech-Language Pathology Aide providing Speech-Language Services under this article shall provide services under the direct supervision of a Speech Pathologist approved under this article.

Supported Employment Follow-Along

Service Definition

Supported Employment Follow-Along (pursuant to 460 IAC 3.5-2-1) has the same meaning as Supported Employment Services (pursuant to 460 IAC 6-3-55): services that support and enable an individual to secure and maintain paid employment if the individual is paid at or above the federal minimum wage.

Eligible Individuals

To be eligible to receive this service, an individual must:

- 1. Be determined eligible for developmental disabilities services by a BDDS employee pursuant to IC 12-11-2.1-1; and
- 2. Have the service authorized in the individual's Individualized Support Plan (ISP).
- 3. If the individual is a resident of a licensed nursing facility, he or she must:
 - A. Be approved for long-term care admission; and
 - B. Require specialized services for a developmental disability.

An eligible individual cannot receive BDDS State Line Item funding for this service if he or she is eligible to receive similar services from other funding sources, including but not limited to:

- 1. Medicaid State Plan
- 2. Home and Community Based Medicaid Waiver;
- 3. Vocational Rehabilitation Services;
- 4. Department of Children Services;
- 5. First Steps;
- 6. Division of Mental Health and Addictions; or
- 7. Department of Education.

Staffing Requirements

Supported Employment Services shall be provided with a staff ratio that does not exceed one (1) individual to one (1) staff member.

Service Standards

Supported Employment Follow Along services are services and supports (time-limited to 18 months per employment setting), that enable an individual who is paid at or above the federal minimum wage to maintain employment in a competitive community employment setting. The 18-month clock begins with the start date of the SEFA service as it appears on the approved State Line Budget. Note that the 18-month clock does not begin with the date the service is first rendered or with the date the service is first billed for this time-limited service, unless those dates correspond to the start date of the service as it appears on the State Line Budget.

In each of the following situations (job in jeopardy, career advancement or job loss, as described below) requests for exceptions for SEFA beyond the approved 18 months will be reviewed in accordance with the DDRS special circumstances and exceptions policy. Depending on each individual's circumstances, the time limit may need to be extended or the individual may need to be referred to, or back to, Vocational Rehabilitation for services and reimbursement, in which case, concurrent reimbursement for Supported Employment Follow-Along and Vocational Rehabilitation Services will not be allowed.

Definitions for job in jeopardy, career advancement or job loss:

- Job in jeopardy – the individual will lose his/her job without additional intervention, or
- Career advancement – it is determined that the new job requires more complex, comprehensive, intensive supports than can be offered through Supported Employment Follow Along, or
- Job loss, the individual may need to be referred to, or back to, Vocational Rehabilitation for services and reimbursement, in which case, concurrent reimbursement for Supported Employment Follow-Along and Vocational Rehabilitation Services will not be allowed

Reimbursable Activities

Reimbursement is available through Supported Employment Follow-Along Services for the following activities:

- Time spent at the individual's work site: observation and supervision of the individual, teaching job tasks and monitoring at the work site a minimum of twice a month, to ascertain the success of the job placement
- At the request of the individual, off site monitoring may occur as long as the monitoring directly relates to maintaining a job

- Employment services occur in an integrated work setting
- The provision of skilled job trainers who accompany the individual for short-term job skill training at the work site to help maintain employment
- Regular contact and/or follow-up with the employers, persons, parents, family members, guardians, advocates or authorized representatives of the individuals, and other appropriate professional and informed advisors, in order to reinforce and stabilize the job placement
- Facilitation of natural supports at the work site
- Individual program development, writing tasks analyses, monthly reviews, termination reviews and behavioral intervention programs
- Advocating for the individual, but
 - only with persons at the employment site (i.e., employers, co-workers, customers) and only for purposes directly related to employment; or
 - with persons not directly affiliated with the employment site (i.e., parents, bus drivers, case managers, school personnel, landlords, etc.) if the individual is hired and currently working
- Staff time used in traveling to and from a work site.
- Supports for up to 18 months per employment setting
- When Supported Employment services are provided at a worksite where persons without disabilities are employed, payment will only be made for the adaptation, supervision and training required by individuals receiving services as a result of their disabilities and will not include payment for the supervisory activities rendered as a normal part of the business setting. Services are tailored to the needs and interests identified in the person centered planning process and must be outlined in the Individualized Support Plan (ISP)

Documentation Standards

In addition to compliance with documentation requirements outlined in 460 IAC 6, the following data elements are required for each service rendered:

- Name of individual served
- SSN of the individual
- Name of provider
- Service rendered

- Time frame of service (include a.m. or p.m.)
- Date of service including the year
- Notation of the primary location of service delivery
- A brief activity summary of service rendered
- Description* by direct care staff of an issue or circumstance concerning the individual including, but not limited to, significant medical or behavioral incidents or any other situation that may be uncommon for the individual
- Signature that includes at least the last name and first initial of the direct care staff person making the entry. Electronic signatures are permissible when in compliance with The Uniform Electronic Transactions Act (IC 26-2-8).
- Upon request, all data elements must be made available to auditors, quality monitors, case managers, and any other government entity.

*The data may reside in multiple locations but must be clearly and easily linked to the individual or the standard will not be met.

Limitations

- Unless an exception is granted by BDDS as described previously, reimbursement is not available under Supported Employment Follow Along services for more than 18 months per employment setting, with the 18-month clock starting with the service start date as it appears on the State Line Budget.
- An individual who is unable to sustain competitive employment after 18 months of service/support is considered inappropriately placed and continuing funding is not available without movement to a better-fit employment setting or authorization of a DDRS-approved exception for special circumstances.

Activities Not Allowed

Reimbursement is not available under Supported Employment Follow-Along services for the following activities:

- Transportation of an individual
- Any service that is otherwise available under the Rehabilitation Act of 1973 or Public Law 94-142
- Activities taking place in a group, i.e., work crews or enclaves
- Public relations

- Community education
- In-service meetings, department meetings, individual staff development
- Incentive payments made to an employer to subsidize the employer's participation in a supported employment program
- Payments that are passed through to users of supported employment programs
- Sheltered work observation
- Payments for vocational training that is not directly related to an individual's supported employment program
- Any other activities that are non-individual specific, i.e., the job coach is working the job instead of the individual
- Any activities which are not directly related to the individual's vocational plan
- Services furnished to a minor by a parent(s), step-parent(s) or legal guardian
- Services furnished to an individual by the individual's spouse

Provider Qualifications

To be approved by DDRS/BDDS, an applicant shall meet the following requirements:

1. Be an entity, meaning any of the following:
 - A. An association.
 - B. A corporation.
 - C. A limited liability company.
 - D. A governmental entity.
 - E. A partnership.
2. Be accredited by one of the following organizations:
 - A. The Commission on Accreditation of Rehabilitation Facilities (CARF) or its successor.
 - B. The Council on Quality and Leadership in Supports for People with Disabilities (CQL) or its successor.
 - C. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or its successor.
 - D. The ISO-9001 Quality Management System.
 - E. The Council on Accreditation (COA) or its successor.
 - F. An independent national accreditation organization approved by the Secretary of FSSA.
3. Certify that, if approved, the entity will provide services using only persons who meet the qualifications set out in 460 IAC 6-14-5.

Transportation

Service Definition

Transportation (pursuant to 460 IAC 3.5-2-1) has the same meaning as Transportation Services (pursuant to 460 IAC 6-3-57): services for the transportation of an individual in a vehicle by a provider approved under this article to provide transportation services.

Eligible Individuals

To be eligible to receive this service, an individual must:

1. Be determined eligible for developmental disabilities services by a BDDS employee pursuant to IC 12-11-2.1-1; and
2. Have the service authorized in the individual's Individualized Support Plan (ISP).

An eligible individual cannot receive BDDS State Line Item funding for this service if he or she is eligible to receive similar services from other funding sources, including but not limited to:

1. Medicaid State Plan;
2. Home and Community Based Medicaid Waiver;
3. Vocational Rehabilitation Services;
4. Department of Children Services;
5. First Steps;
6. Division of Mental Health and Addictions; or
7. Department of Education.

Reimbursable Activities

Reimbursement for Transportation is available in the following circumstances:

- The individual is being transported to and from Supported Employment Follow-Along (although this is considered to be temporary until other generic transportation supports can be arranged)
- Transportation occurs as part of Individual Habilitation
- Transportation is reimbursable from the individual's residence or a specified pick-up point to the location where services are being delivered and the return trip
- Transportation must be included in the individual's written service plan as a means to support specific services within the community

Activities Not Allowed

Reimbursement is not available for Transportation under the following circumstances:

- Transportation that is reimbursable through other funding sources such as Medicaid
- Transportation for any other purpose than what is specifically addressed in the individual's service plan to support the individual in the community

Provider Qualifications

1. To be approved to provide Transportation Services, an applicant shall be one (1) of the following:
 - A. A community mental retardation and other developmental disabilities center.
 - B. A community mental health center.
 - C. A child care center licensed pursuant to IC 12-17.2-2-4.
 - D. Otherwise approved under this rule.
2. To be approved to provide Transportation Services, an applicant shall certify that, if approved, Transportation Services will be provided using only persons having a valid Indiana:
 - A. Operator's license;
 - B. Chauffeur's license;
 - C. Public passenger chauffeur's license; or
 - D. Commercial driver's license.issued to the person by the Indiana Bureau of Motor Vehicles to drive the types of motor vehicles for which the license was issued.
3. A provider that transports an individual receiving services in a motor vehicle shall:
 - A. Maintain the vehicle in good repair;
 - B. Properly register the motor vehicle with the Indiana bureau of motor vehicles or in the state in which the owner of the vehicle resides; and
 - C. Insure the vehicle as required under Indiana law.
4. A provider of Transportation Services shall secure liability insurance for all vehicles:
 - A. Owned or leased by the provider; and
 - B. Used for transportation of an individual receiving services
5. The liability insurance required shall cover:
 - A. Personal injury;
 - B. Loss of life; or
 - C. Property damageto an individual, if the loss, injury, or damage occurs during the provision of Transportation Services to the individual by the provider.

POLICY: RESIDENTIAL LIVING ALLOWANCE

POLICY STATEMENT: The State Line Residential Living Allowance (RLA) is intended to address the basic needs of the individual to enable him/her to live and participate in the community and to promote financial independence from RLA. An RLA is requested when State Line dollars are required to support an eligible, individual in his or her own residence in the community.

DETAILED POLICY STATEMENT:

It is the policy of the Bureau of Developmental Disabilities Services (BDDS) to provide Residential Living Assistance (RLA) to an individual when the total sum of the BDDS defined Residential Living Expenses of an Individual cannot be met by the total sum of the BDDS defined income and benefits of an individual to the extent that state funds are available.

The individual and/or legal representative is expected to apply for all entitlements and benefits (Medicaid, Social Security, etc.) for which the individual may be eligible. The provider responsible for assisting the individual in managing his/her resources and/or the case manager is expected to assist the individual in applying for these benefits. In most cases, State Line funds cannot be used if an individual is eligible for residential benefits but chooses not to apply for said benefits.

The household expenses must be shared by all adult persons living within the home, whether an eligible individual or not. A budget must reflect only the amount that is the responsibility of the individual.

All documentation must be retained according to the Provider Standards found in the Indiana Administrative Code (460 IAC 6) and may be requested for review by BDDS at any time. The documentation detail should provide an audit trail that begins with the Individualized Support Plan (ISP) and culminates with the claim for services rendered and/or costs incurred.

RESIDENTIAL LIVING ALLOWANCE FUNDS

1. RLA funds are a means tested funding:
 - a. authorized by the BDDS under IC 12-11-1.1-2(c);
 - b. managed and allotted through the State Line Item (SLI) program;

- c. reimbursed to an approved and authorized BDDS RLA Provider, on behalf of an eligible individual;
 - d. covering residential living expenses, as authorized through the individual's State Line Item budget form;
 - e. utilized to support an eligible individual when all other possible resources are unavailable.
2. RLA funds are subject to the availability of State funding.

RESIDENTIAL LIVING ALLOWANCE PROVIDER QUALIFICATIONS

To be approved to provide Residential Living Allowance, an Applicant shall:

- 1. be approved by BDDS to provide Residential Habilitation and Support;
- 2. have no familial relationship by blood, marriage or adoption, or other significant personal relationship with the eligible Individual or with the immediate family members of the eligible Individual, and;
- 3. agree to request, maintain, and disburse any RLA funds:
 - a. on behalf of only the authorized individual;
 - b. only after application of any and all other sources of Income and Benefits for the authorized individual; and
 - c. in compliance with requirements of current BDDS Policy and Procedures.

RESIDENTIAL LIVING ALLOWANCE DELIVERY STANDARDS

- 1. To be eligible to request a Residential Living Allowance, an individual must meet all of the following conditions:
 - a. be determined eligible for supported living services pursuant to IC 12-11-2.1-1;
 - b. reside in his/her own home with a lease or rental agreement;
 - c. not reside in his/her parent's or other family member's home;
 - d. receive residential services funded through the BDDS Autism or DD waivers;
 - e. have no more than one thousand five hundred dollars (\$1,500) in assets;
 - f. have personal and community resources inadequate to maintain the individual's BDDS defined Residential Living Expenses;
 - g. apply for, accept, and maintain any and all entitlements and benefits for which the individual may be eligible; and
 - h. agree to apply any and all possible resources towards the individual's BDDS defined Residential Living Expenses (RLE) prior to requesting or utilizing RLA assistance.
- 2. All requests for RLA assistance and funding must be made by the RLA provider on behalf of the individual:
 - a. using the appropriate State Line Item budget form(s);
 - b. through the Individual's Case Manager;

- c. in compliance with BDDS Policies and Procedures.

RESIDENTIAL LIVING ALLOWANCE DOCUMENTATION STANDARDS

1. In addition to all other documentation required by 460 IAC 6, an RLA Provider shall maintain documentation for each separate Individual supported.
2. All RLA budgets must be submitted using the current version of the SLI budget form.
3. Providers responsible for the development of the Residential Living Allowance Budget must submit and receive approval for the budget prior to the initiation of supports.
4. All supports within a Residential Living Allowance Budget must be related to the health and safety of the individual.
5. Failure to submit a budget will result in no reimbursement for the Residential Living Expenses.
6. Documentation of the individual's Income and Benefits shall be maintained by the RLA Provider and made available to the individual's Case Manager and BDDS, upon request, including but not limited to:
 - a. Social Security Income;
 - b. Social Security Disability Income;
 - c. Earnings from work;
 - d. Earnings from assets, including trusts;
 - e. Other sources of income and benefits, including self and family contributions.
7. Documentation is subject to audit. Incorrect reporting may result in disqualification from the program.
8. Documentation of the individual's Residential Living Expenses shall be maintained for each budget period by the RLA Provider and made available to the Individual's Case Manager and BDDS, upon request, including but not limited to:
 - a. copy of lease or rental agreement;
 - b. copy of insurance statement;
 - c. copy of court ordered payments;
 - d. documentation regarding trusts;
 - e. an organized summary of utility expenditures and receipts for the period covered by the previous budget;
 - f. a copy of the Individual's ISP; and
 - g. documentation of any other items noted on the State Line Item Budget.
9. Refusal by the Provider or the individual or, if indicated, the individual's legal representative to supply information requested by the Case Manager or BDDS may result in:
 - a. a State Line Item Budget not being approved; or
 - b. the cessation of existing RLA funding.
10. All documentation shall be in compliance with BDDS policy.

11. Retention and maintenance of all documentation by the provider shall be in accordance with 460 IAC 6.

RESIDENTIAL LIVING ALLOWANCE INCOME STANDARDS

Dependents

1. Income received specifically for the support of children residing with an individual, such as Temporary Assistance for Needy Families (TANF), Child Support, Social Security, etc. should not be included in the budget for the adult individual.
2. Living expenses for a dependent should not be included on the Budget.

Earned Income Incentive

3. Earned Income Incentive (EII) allows the individual to increase the amount of discretionary income for use to purchase items not funded under monthly living expenses.
4. The use of EII should be based upon the Person Centered Planning (PCP) process and reflected in the ISP.
5. The EII amount is calculated as the first \$16 of earned income plus 50% of all earned income over \$16.
 - a. The EII shall not exceed \$416.

Net Earned Income

6. Net Earned Income is the total monthly net earned income of the individual. Net earned income is based upon monthly payroll records and may be averaged, using the previous three months of payroll records as the basis.
7. Net Earned Income minus the Earned Income Incentive (EII) results in the Income Balance, which must be used toward the individual's monthly expenses.

Personal Discretionary Funds

8. Personal Discretionary Funds are funds that an individual has earned or been gifted (exempting RLA funds) and that may be used at the individual's discretion.
9. Earned Income Incentive is considered to be Personal Discretionary Funds.
10. Use of Personal Discretionary Funds must be discussed with the Individualized Support Team (IST) and should be spent to improve the individual's quality of life and to promote financial independence from RLA.
11. While BDDS does not require an individual to use the Personal Discretionary Funds to assist with the Residential Living Expenses or services, an individual may choose to use Personal Discretionary Funds to assist with his/her Residential Living Expenses.
12. Personal Discretionary Funds are not to be spent by staff.
13. Personal Discretionary Funds are not to be used to buy gifts for or to loan to staff.

Monthly Income and Benefits

14. All Monthly Income and Benefits must be recorded in the budget form.
 - a. EBT/SNAP Food Stamp benefits are not to be included in the calculations for Monthly Income and Benefits.
15. If the individual chooses to contribute any portion of the Personal Discretionary Funds to the residential living expenses, the amount is considered to be “Other” income.
16. If family members contribute regularly to the expenses of an individual, this amount is considered to be an “Other” Income and Benefit.

RESIDENTIAL LIVING ALLOWANCE EXPENSES STANDARDS

An individual’s monthly Residential Living Expenses (RLE) should not be more than 150% of poverty level for a single individual for the current year as published in the Congressional Federal Register.

The RLA provider is responsible for monitoring the monthly expenses and allocating the funds in the month that the cost is incurred.

Household Expenses

1. This amount should be the total amount of the monthly rent or mortgage, utilities, and basic telephone that is the fair share owed by each individual, and the cost of the individual’s property insurance.
2. Any housing supplements or coupons are not to be subtracted from this amount, but are listed on the Income and Benefits screen as a “HUD/Section 8 Supplement” or “Other”.
3. All household expenses are to be shared equally among all adult persons residing in the home.
4. Individuals are expected to participate in utility company budget plans, if available.
5. The purchase and/or maintenance of major appliances with RLA funds is not permitted.
6. Housing must include a refrigerator, stove, furnace/heating units and other major appliances.
7. Housing costs may include air conditioner and/or washer/dryer, snow removal and lawn mowing, if they are included in the rental agreement.
8. All maintenance to the property is the responsibility of the landlord.
9. Each individual must have a signed agreement, deed, or lease for his/her residence, even when family or friends own the residence.
10. Each individual must have a signed agreement, deed, or lease for his/her residence between roommates in regard to shared property.
11. Per the Provider Standards (460 IAC 6), the individual’s RLA provider must assist an individual to obtain insurance at the individual’s expense to protect the individual’s assets and property.

12. A new budget will not be approved by BDDS to break a lease unless an individual's health and safety are jeopardized or significant cost savings in living expenses and services will occur. BDDS prior approval is necessary before breaking a lease occurs.
13. When RLA funds are needed, the Household expenses (Housing, Utilities, Telephone and Property Insurance) will not exceed the following guidelines:
 - a. No roommates - \$658.00/month
 - b. One roommate - \$478.00/month/individual
 - c. Two roommates - \$402.00/month/individual
 - d. Three roommates - \$356.00/month/individual

Medical, Not Covered Expenses

14. Only items prescribed or services provided by a medical professional with whom the individual has a doctor-patient relationship, such as a primary care physician doctor or nurse practitioner, are to be included in this field.
15. Documentation that the Individualized Support Team (IST) has agreed to all items and services included in this field must be documented in the individual's ISP and in the individual's BDDS file.
16. Detailed description of the items and services in this field must be included in the budget.
17. Non-prescribed medications, including Over-the-Counter medications, and equipment should not be included in this field.
18. Dental work requires justification which includes:
 - a. A description of what work is needed for this individual and why.
 - b. Documentation that the IST has discussed and agreed to the necessity of the dental work should be included in the ISP and in the individual's BDDS District Office file.
 - c. Proof of Medicaid State Plan or private insurance denial must be included.
 - d. A description of plans for prevention of future re-occurrence.
19. RLE that are not paid on a monthly basis (e.g., non-covered medical expenses or quarterly insurance premiums) are to be equally divided across the duration of the budget. The provider is responsible for monitoring the monthly expenses and allocating the funds in the month that the cost is actually incurred.
20. Medical, Not Covered expenses paid by RLA funds will not exceed \$40.00/month.

Personal Necessities Expenses

21. Personal Necessities are miscellaneous personal items that an individual may require on an occasional basis, such as underwear, socks, haircuts, shampoo, soap, toothpaste, deodorant, nail clippers, toilet paper, dish detergent, paper towels, glass cleaner, toilet bowl cleaner, non-prescriptive vitamins, food supplements, laundry expenses, etc.

22. Non-prescribed medications and equipment, preventative aid supplies, etc. should be included in this field. Examples include first aid kits, band-aids, laxatives, antacids, and cold medicine.
23. Personal Necessities that are not paid on a monthly basis (e.g., non-prescriptive vitamins, pain relievers, first aid kits, band-aids, laxatives, etc) are to be equally divided across the duration of the budget.
24. Personal Necessities shall not include food or groceries.
25. Personal Necessities paid by RLA funds will not exceed \$80.00/month.

RESIDING IN HOME/ROOMMATE/HOUSEMATE

1. A person is considered to be residing in the home if the continued presence in the home exceeds seven consecutive days and nights.
2. All persons residing within the home, whether receiving BDDS services or not, must equitably share in the monthly living expenses, which includes housing, utilities, phone, and other shared household costs.
3. A roommate or housemate means an individual who is not related to the other residents within the living quarters, and who shares living quarters primarily to share expenses.
 - a. An exception is if the relatives are both waiver recipients.

NON-PERMISSIBLE BUDGET EXPENSES

The following expenses are not permitted using State funding and must NOT be included on a budget.

State Line funds cannot be used if an individual is eligible for Medicaid or private insurance but chooses a provider that does not accept Medicaid or private insurance.

If the following items are included on a submitted budget, the budget will be denied.

1. State Line funds cannot be used to assist with alimony or palimony payments.
2. State Line funds cannot be used to purchase or replace major appliances such as refrigerators or stoves.
3. State Line funds cannot be used to purchase or lease an automobile, nor will a budget be approved that includes any expenses for repairs, maintenance, fuel, or insurance.
4. State Line funds will not reimburse deductions for burial trusts. Burial requests for individuals are supported using resources in the community such as township trustees, etc.
5. State Line funds cannot be used to purchase cable TV or internet.
6. State Line funds cannot be used to assist with Child Support payments.
7. State Line funds cannot be used to purchase housekeeping services.
 - a. Services such as Residential Habilitation and Support include basic housekeeping for the individual who is unable to perform these tasks personally.

- b. The individual may also obtain homemaker services from CHOICE services, if available.
- 8. State Line funds cannot be used to purchase computers, cellular phones, or a second telephone line.
- 9. State Line funds cannot be used to assist with court costs, lawyer fees, traffic tickets, or fines.
- 10. State Line funds cannot be used to pay for the expenses related to events and activities that an individual attends, such as admission to movies, dining out, etc.
- 11. State Line funds cannot be used to reimburse agency staff, friends, or family members for the cost of expenses related to admission to events and activities that an individual attends, such as admission to movies, dining out, etc.
 - a. These are considered to be part of the administrative costs covered in the service rates or a shared experience, with each person being responsible for his/her own expenses.
- 12. State Line funds cannot be used for capital improvements to property owned by individuals or providers.
- 13. State Line funds cannot be used for general repair and maintenance of property, including repair of major appliances and HVAC systems.
 - a. Repairs and Maintenance should be included in the lease/rental agreement with the landlord.
- 14. State Line funds cannot be used for fees related to legal guardianship and legal guardianship reports.
 - a. Payment of this fee is an issue to be determined by the guardian and the court system.
- 15. State Line funds cannot be used for the purchase of homes by or for the individual.
- 16. State Line funds cannot be used for the premiums for life, auto, or medical/health insurance.
- 17. State Line funds cannot be used to purchase lawn care, snow removal or extermination services.
 - a. Lawn care, snow removal and extermination services should be part of the lease/rental agreement negotiated with the landlord.
 - b. The responsibilities of the individual's residence should be matched with his/her needs and capabilities.
- 18. State Line funds cannot be used to repay loans or debts.
 - a. If for any reason a lump sum or debt is to be re-paid, the RLA provider is the responsible party for assisting the individual in the repayment, not the State of Indiana. These dollars cannot be reflected on the budget as a Residential Living Expense.
- 19. State Line funds cannot be used to repay another government entity for an incorrect payment.

- a. If for any reason a lump sum or debt is to be re-paid, the RLA provider is the responsible party for assisting the individual in the repayment, not the State of Indiana. These dollars cannot be reflected on the budget as a Residential Living Expense.
 - b. The RLA provider shall be responsible for any dollars lost as a result of benefits being discontinued for lack of management or maintenance of the benefits, and not the State or the individual.
 - c. The loss of, or repayment of lost, benefits cannot be reflected on the budget as a Residential Living Expense.
20. State Line funds cannot be used for the care of pets and/or companion animals.
21. State Line funds cannot be used to provide an individual with personal spending funds or to build up a personal savings account.

DEFINITIONS

“BDDS” means Bureau of Developmental Disabilities Services as created under IC 12-11-1.1-1.

“Case Manager” means a person employed to provide Case Management services by DDDS.

“Individual” means a person with a developmental disability who has been determined eligible by BDDS. If the term is used in the context indicating that the individual is to receive information or is to provide agreement to some activity, the term also includes the individual’s legal representative.

“Individualized Support Plan” or “ISP” means a plan that establishes supports and strategies, based upon the Person Centered Planning process, intended to accomplish the individual’s long term and short term outcomes by accommodating the financial and human resources offered to the individual through paid Provider services, volunteer services, or both, as designed and agreed upon by the Individualized Support Team.

“Individualized Support Team” means a team of persons, including:

1. an individual;
2. the individual’s legal representative, if applicable;
3. the individual’s Providers;
4. the individual’s Case Manager, if indicated;
5. a BDDS representative; and
6. other persons identified by the individual or the individual’s legal representative, if applicable,

who assist the individual in the development and implementation of the Individual’s ISP.

“Spend-down” or “deductible” means the amount a person is required to pay if a person’s income is above a certain program’s determined income standard. He/she may be required to pay out-of-pocket for some of the services covered by that program before the program will assist.

“Residential Habilitation” means services providing up to a full 24 day of services and supports which are designed to ensure the health, safety and welfare of the individual, and assist in the acquisition, improvement, and retention of skills necessary to support individuals to live successfully in the community.

REFERENCES

IC 12-11-1.1-2(c)

IC 12-11-2.1-1

460 IAC 6

Residential Living Allowance Housing Guidelines Chart (HUT-PI)

Residential Living Allowance (RLA) budgets will not be approved when the Residential Living Expenses (RLE) exceed the HUT-PI Total. Personal Necessities and Medical Non-Insured expenses are limited, up to the amounts indicated, and are not included within the HUT-PI totals.

RLE Guidelines	Housing	Utilities	Telephone	Property Insurance	HUT-PI Total	Personal Necessities	Medical Non-Insured
No Roommate	\$450	\$150	\$40	\$18	\$658	\$80	\$40
1 Roommate	\$325	\$115	\$20	\$18	\$478	\$80	\$40
2 Roommates	\$283	\$87	\$14	\$18	\$402	\$80	\$40
3 Roommates	\$263	\$65	\$10	\$18	\$356	\$80	\$40